

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |                |              |
|---|----------------|--------------|
| TOTAL CLAIMS  |                |              |
| FOR   | NUMBER FILED   | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 3 minus 20 = * |              |
| INDEPENDENT CLAIMS  | 1 minus 3 = *  |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 355.00 |
| X\$ 9=    |        |
| X40=      |        |
| +135=     |        |
| TOTAL     |        |

OR

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 710.00 |
| X\$18=    |        |
| X80=      |        |
| +270=     |        |
| TOTAL     |        |

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT A |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        |
| X40=                |                        |
| +135=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

OR

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$18=              |                        |
| X80=                |                        |
| +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

(Column 1) (Column 2) (Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT B |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        |
| X40=                |                        |
| +135=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

OR

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$18=              |                        |
| X80=                |                        |
| +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

(Column 1) (Column 2) (Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT C |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        |
| X40=                |                        |
| +135=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

OR

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$18=              |                        |
| X80=                |                        |
| +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.